

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

03886 U.S. PTO  
10/625606  
07/24/03



**Utility Patent Application Transmittal**  
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No: 115-32US/12667/100114

First Inventor: Christopher A. Zelley  
Title: Power Transfer Measurement Circuit for Wireless Systems

**Application Elements:**

- |    |  |   |                |    |
|----|--|---|----------------|----|
| 1. | <input checked="" type="checkbox"/>    | Fee Calculation (see Box 14)  |                |    |
| 2. | <input checked="" type="checkbox"/>    | Applicant claims small entity status.   |                |    |
| 3. | <input checked="" type="checkbox"/>    | Specification   | Total Pages -  | 19 |
|    |  | - Description   |                |    |
|    |  | - Claims  |                |    |
|    |  | - Abstract of the Disclosure  |                |    |
| 4. | <input checked="" type="checkbox"/>    | Drawing(s) - (2 Figures)  | Total Sheets - | 2  |
| 5. | <input checked="" type="checkbox"/>    | Oath or Declaration   | Total Pages -  | 2  |
|    | a. <input checked="" type="checkbox"/> | Newly executed (original or copy)   |                |    |
|    | b. <input type="checkbox"/>            | Unexecuted  |                |    |
|    | c. <input type="checkbox"/>            | Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 12 completed)   |                |    |
|    | i. <input type="checkbox"/>            | <b><u>DELETION OF INVENTOR(S)</u></b><br>Signed statement attached deleting inventor(s) named in<br>the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |                |    |

**Accompanying Application Parts:**

- |     |                                     |  |                         |                          |
|-----|-------------------------------------|--|-------------------------|--------------------------|
| 6.  | <input checked="" type="checkbox"/> | Assignment Papers (cover sheet & document(s))                                    |                         |                          |
| 7.  | <input type="checkbox"/>            | Information Disclosure Statement (IDS)/PTO-1449                                  | Copies of IDS Citations | <input type="checkbox"/> |
| 8.  | <input type="checkbox"/>            | Preliminary Amendment  |                         |                          |
| 9.  | <input checked="" type="checkbox"/> | Return Receipt Postcard ( <i>Should be specifically itemized</i> )               |                         |                          |
| 10. | <input type="checkbox"/>            | Certified Copy of Priority Document(s) ( <i>if foreign priority is claimed</i> ) |                         |                          |
| 11. | <input type="checkbox"/>            | Other:   |                         |                          |

12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation       Divisional       Continuation-in-part (CIP)  
of prior Application No.      filed  
Prior application information: Examiner:      Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5c, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon which a portion has been inadvertently omitted from the submitted application parts.

13. CORRESPONDENCE ADDRESS: 23838

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14. FEE CALCULATION:

				AMOUNT
<input checked="" type="checkbox"/> Applicant Claims Small Entity Status				
1. BASIC FILING FEE				375.00
	Large Entity	Small Entity		
	Fee Code	Fee (\$)	Fee Code	Fee (\$)
	101	750.00	201	375.00
2. EXTRA CLAIM FEES		Extra Claims	Fee From Below	\$63.00
Total Claims	27 - 20 =	7	x \$9.00 =	
Independent Claims	2 - 3 =	0	x \$42.00 =	
Multiple Dependent			** =	
	Large Entity	Small Entity		
	Fee Code	Fee (\$)	Fee Code	Fee (\$)
	103	18.00	203	9.00
	102	84.00	202	42.00
3. OTHER				\$40.00
	Fee Code - 581	Fee (\$) - 40.00	Recording Patent Assignment	
			TOTAL	\$478.00

15.  The Commissioner is hereby authorized to charge all fees in Box 14 above to Deposit Account 50-1142.  
16.  The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 50-1142.

Date: July 24, 2003

Submitted By:

  
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